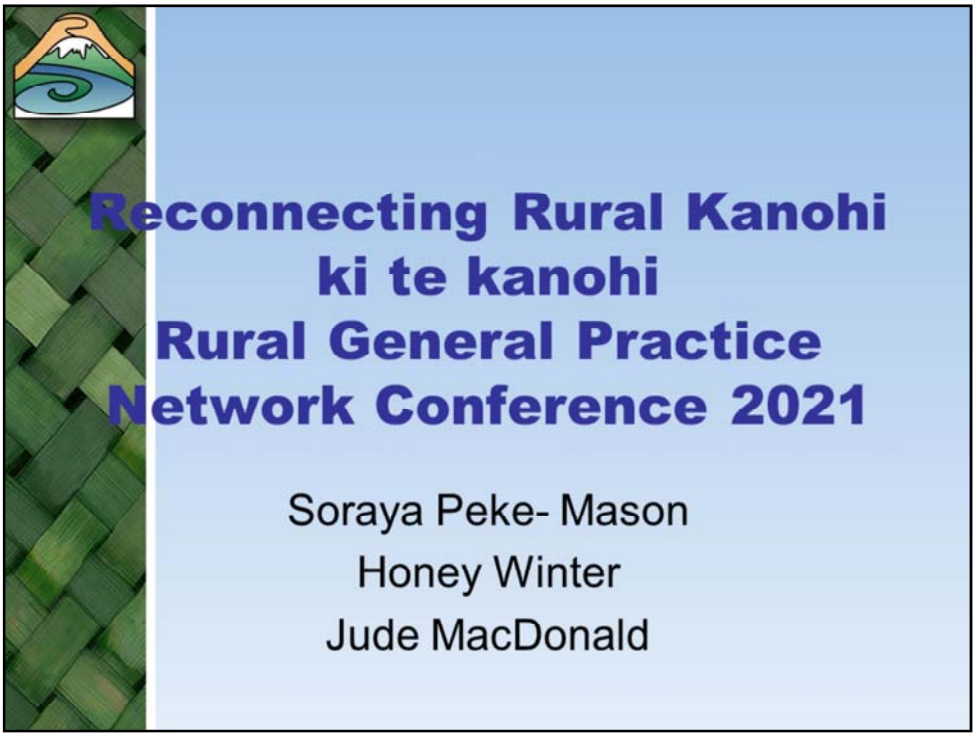


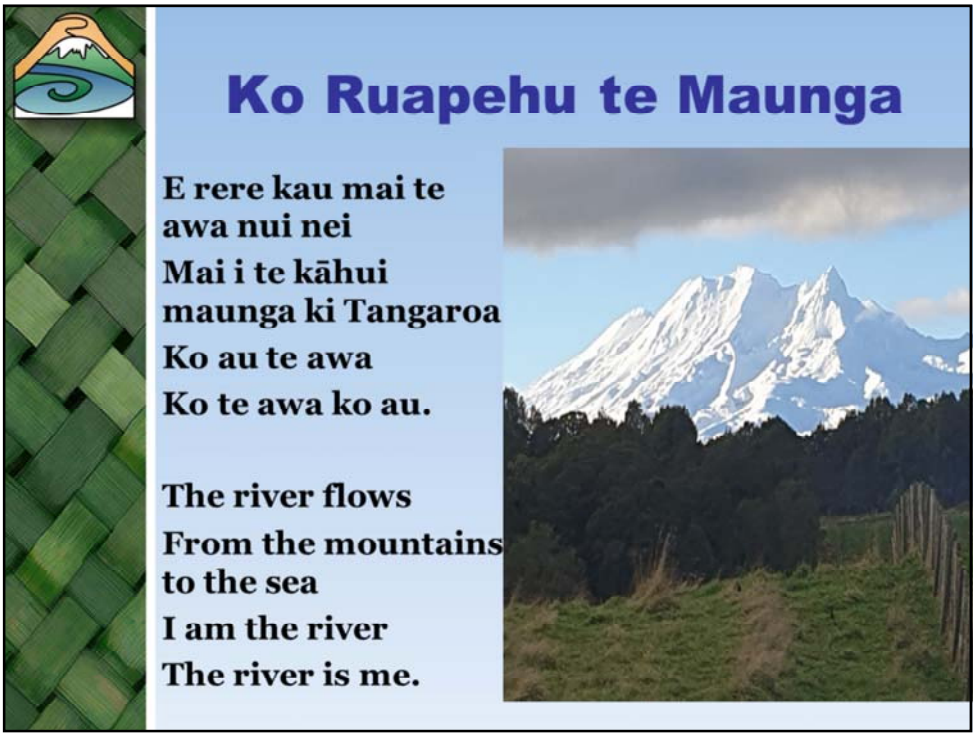
Tena Koutou

Acknowledge this is a collective approach to demonstrate the life and passion that our Iwi Provider / PHO partnership brings to small rural communities

What you see and what you hear and feel is demonstration of our authentic approach to partnership action.

I will acknowledge Soraya and Honey who will join me in the delivery of this presentation as Iwi mandated members on the board of RHL

Acknowledge the other members such as Don a fellow RHL Director and Mayor, Gemma and Tracy Service Mangers of our Rural clinics



Honey / Soraya

Rural community of two villages ; Raetihi and Ohakune with an enrolled population of 3591 / 44% Maori
Tourist hub

Acknowledge Multiple providers are operating within this community

WRHN as a PHO entered the community as the general practice provider when the retiring solo GP handed his practice to the PHO as his exit strategy

WRHN was aware of Iwi strategy and aspirations and entered this community prepared and willing to endorse and progress their aspirations in an authentic partnership – no matter how that translated

WRHN has had a strong alliance with Taihape given the CE and Chair of the board operated as clinicians in this district for many years and for me this is home where I was born and bred.

Community of 3849 enrolled population / 38 % Maori

Following the exit of the DHB and transfer to a Community Trust, WRHN was asked by the community to offer advocacy and support to the local leaders. Unfortunately due to how this model transferred from the DHB and the financial vulnerability of the Resthome, this integrated model did not survive and went into liquidation with WRHN being asked to pick up all the clinical services in an integrated model in 2012

Community / Iwi and Provider relationships are high trust and well connected. The leaders have worked together for many years and that shows in all they do

Bulls practice has 5619 enrolled and 15% Maori

Marton practice has 5322 enrolled and 26% Maori

Both practices are well located within 30 minutes of PNth and Whanganui DHBs and with Ohakea Defence Base close by

Access for rural communities to primary health care was in jeopardy, WRHN stepped up

1. **Ruapehu district** had been served by 2 solo Gps and then one for many years

High Maori , High need profile and a minimum travel distance to DHB hospital of over an hour

WRHN entered into an immediate conversation with Ngati Rangi and Ngati Uenuku re their preferences for who delivered general practice and how. They chose WRHN in the first instance with an agreed aspiration that we would hand it back to Iwi / community to achieve an integrated health and social model when the time was right

Iwi nominated their representatives for the RHL board which was Honey and Soraya and now we have been joined by a third member Tina Wallace

Community representation and interest from the Mayor Don Cameron and the late Ben Goddard, a District Counsellor and Chair St Johns

WRHN governors are the minority and consist of Rural Clinical Director and Chair WRHN Dr Ken Young and myself as CE WRHN

Through listening to these community leaders we have shaped a model that has seen practice growth, 36% Maori employed at the practice and until recently a Maori Service Manager who affiliated to the region

2. **Taihape community and Iwi** had been burnt by the process that led to liquidation. We had to work hard to build their confidence and so the selection of board members was

critical and a strategic process of sourcing the right voices was undertaken.

Barb Ball the Iwi Chair Mokai Patea was critical, she is a board member WRHN and held mana and confidence, Norman Richardson a retired Pharmacist also key

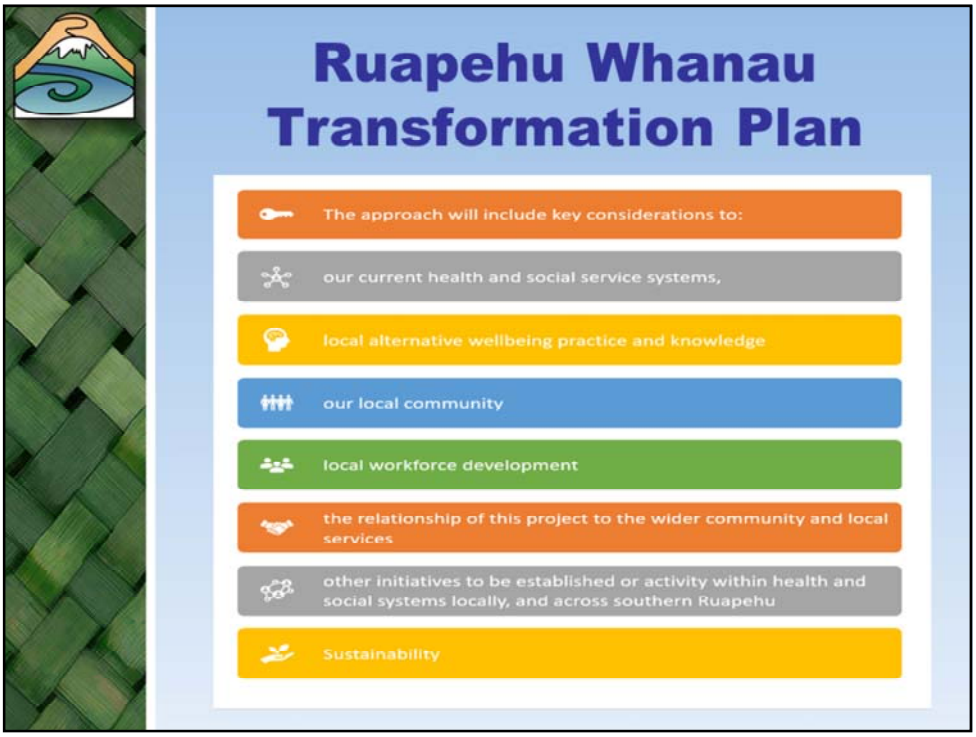
Ngati Rangi were already on a strategic pathway to achieve wellbeing through the development with their communities to create the Ruapehu Whanau Transformation Plan.

This clearly articulated plan resonated with our vision for the district and WRHN embraced the opportunity to be part of this strategy and give what was asked of us to the process.

Handed over to Soraya and Honey to best articulate what this means from an Iwi perspective

Ngati Rangi has led for the district a comprehensive process of creating a Whanau plan. This is their words and quoted directly from their documents

Erena Mikaere as the Project Iwi lead articulates what wellness means from our people and our community world views



Evidence of the detail articulated in the plan and the strands that have been weaved together

Being engaged in collaborative and collective action requires us as leaders **to feel comfortable being uncomfortable**

Listening is an essential component **to codesign** we need to create a different future

Other determinants such as housing, employment and poverty are **sometimes more pressing issues that the whanau need us to work on first** and are the drivers of poor health

Codesign in Ruapehu has resulted in co- authored paper that has been accepted by the Iwi Boards , WRHN and RHL boards that offers consistency in governance and accountability for bringing all the services together under one roof. DHB have been invited to be the missing voice at the governance table

Coaching and mentoring a local Iwi future leader to understand general practice and the business aspects of creating a sustainable and viable general practice and clinical and social service model is essential to success. Giving away the control and power to communities and Iwi is a necessary step to fulfil their aspirations. **Are we ready to hand that power over ?**

For Rangatahi entering our health establishments can be fraught. Facilities have to “look right and feel right”

People they meet need to relate to them, reach out greet whanau in the indigenous language embrace Whanau ora concepts.

The opportunity at Ruapehu is to build and design a facility that has the right feel and the right look and importantly fuels the aspiration of Pae Ora.

Through DHB / MOH capital investment and Iwi / community leading and driving the facility design this aspirational goal will be achieved.

Jazmax Architects consider architectural design through a Kaupapa lens fueled by Codesign.

This will be an exciting and transformational platform to achieve Wellness for this rural community which is 50% Maori – watch this space !

Post COVID there have been some discoveries

We are revisiting the past and repurposing the future

Iwi and the local community will revisit past steps and create an integrated facility space that serves now and the future aspirations within the old Hospital facility that has been in the main vacant for 10 years albeit a wing being used by THL for maternity services

A mix of providers and groups that consider the broader aspects of wellness

Using the extensive footprint to create the right fit

Using the potential land mass to address other determinants such as housing, kai production

Most importantly putting the past to bed and embracing a new future that they are in charge of and answerable to

We are there to guide the discussions / to bring the right players to the table and to be advocates

We are not there to do it for them, we are there to make sense of the system and to challenge the road blocks to self determination.

Robust Access for this community means;

Space to Grow and Thrive

Having Doctors at the core of a vibrant health service model

Being able to make choices in how they use the Putea that has been built up through reserves and efficiencies

Inviting other core providers and services to join them in the centre to create their homegrown version of Pae Ora

The model will be authentic to Taihape community and therefore has the best chance to thrive

Personally investing in expanding services and facilities has to be acknowledged in todays world as a courageous act. A return on investment as the owners (in the 60s age group) does not come without risk such as perhaps not realising the return on investment in their career lifetime

Both these practices are honourable to their communities, are valued by their communities and essential

Bulls have embarked on a facility expansion in response to population and market growth associated to expanded workforce at Ohakea Airforce base

Marton has had a change of ownership and the owner wishes to build a new practice. WRHN has connected the owner with the DHB given there was land allocated next to the Health centre for a general practice some years ago.

DHB have offered the land to the General practice owner for this development. This development realises the community vision that was not delivered 15 years ago…perhaps the time was not quite right ?